TRINITY VILLAGE 7300 W DEAN RD

MILWAUKEE 53223 Phone: (414) 371-7300		Ownership:	Non-Profit Corporation
Operated from 12/1 To 12/31 Days of Operation:	31	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	65	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	87	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	60	Average Daily Census:	56

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)						
No	Primary Diagnosis	 %	Age Groups	*	   Less Than 1 Year	100.0		
No					1 - 4 Years	0.0		
No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0		
No	Mental Illness (Org./Psy)	43.3	65 - 74	1.7				
No	Mental Illness (Other)	0.0	75 - 84	23.3		100.0		
No	Alcohol & Other Drug Abuse	6.7	85 - 94	58.3	*********	******		
No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivalent			
No	Cancer	0.0			Nursing Staff per 100 Res	sidents		
No	Fractures	0.0	İ	100.0	(12/31/04)			
No	Cardiovascular	8.3	65 & Over	100.0				
No	Cerebrovascular	8.3			RNs	4.0		
No	Diabetes	6.7	Gender	8	LPNs	10.4		
No	Respiratory	0.0			Nursing Assistants,			
ĺ	Other Medical Conditions	26.7	Male	20.0	Aides, & Orderlies	36.0		
No			Female	80.0				
İ		100.0	İ					
No			İ	100.0				
	NO NO NO NO NO NO NO NO NO NO NO NO NO N	No   Primary Diagnosis No   No   Developmental Disabilities No   Mental Illness (Org./Psy) No   Mental Illness (Other) No   Alcohol & Other Drug Abuse No   Para-, Quadra-, Hemiplegic No   Cancer No   Fractures No   Cardiovascular No   Cerebrovascular No   Diabetes No   Respiratory	No	No	No	No		

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	1	7.1	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7	
Skilled Care	9	100.0	315	13	92.9	117	0	0.0	0	33	100.0	199	4	100.0	117	0	0.0	0	59	98.3	
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		14	100.0		0	0.0		33	100.0		4	100.0		0	0.0		60	100.0	

TRINITY VILLAGE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.3		85.0	11.7	60
Other Nursing Homes	100.0	Dressing	3.3		90.0	6.7	60
Acute Care Hospitals	0.0	Transferring	31.7		63.3	5.0	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.0		73.3	11.7	60
Rehabilitation Hospitals	0.0	Eating	45.0		45.0	10.0	60
Other Locations	0.0	******	* * * * * * * * * * * * * * *	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	68	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.7	Receiving Resp	iratory Care	6.7
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	81.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	61.7	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	į			Receiving Osto	my Care	3.3
Acute Care Hospitals	25.0	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	75.0
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	75.0	With Pressure Sores		3.3	Have Advance D	irectives	96.7
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	8					hoactive Drugs	68.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	63.5	87.4	0.73	88.2	0.72	87.3	0.73	88.8	0.72
Current Residents from In-County	100	86.8	1.15	88.5	1.13	85.8	1.16	77.4	1.29
		21.8	4.05						4.55
Admissions from In-County, Still Residing	88.2			21.6	4.08	20.1	4.40	19.4	
Admissions/Average Daily Census	121.4	159.1	0.76	187.2	0.65	173.5	0.70	146.5	0.83
Discharges/Average Daily Census	14.3	159.6	0.09	182.1	0.08	174.4	0.08	148.0	0.10
Discharges To Private Residence/Average Daily Census	0.0	63.2	0.00	76.7	0.00	70.3	0.00	66.9	0.00
Residents Receiving Skilled Care	100	96.1	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	100	96.5	1.04	89.4	1.12	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	23.3	50.4	0.46	48.4	0.48	56.7	0.41	66.1	0.35
Private Pay Funded Residents	55.0	33.2	1.66	31.2	1.76	23.3	2.36	20.6	2.68
Developmentally Disabled Residents	0.0	0.5	0.00	0.2	0.00	0.9	0.00	6.0	0.00
			1.28						1.29
Mentally Ill Residents	43.3	33.9		34.7	1.25	32.5	1.33	33.6	
General Medical Service Residents	26.7	26.1	1.02	23.5	1.13	24.0	1.11	21.1	1.27
Impaired ADL (Mean)	45.0	51.2	0.88	50.4	0.89	51.7	0.87	49.4	0.91
Psychological Problems	68.3	62.3	1.10	58.0	1.18	56.2	1.22	57.7	1.18
Nursing Care Required (Mean)	11.3	7.1	1.59	7.3	1.55	7.7	1.46	7.4	1.51